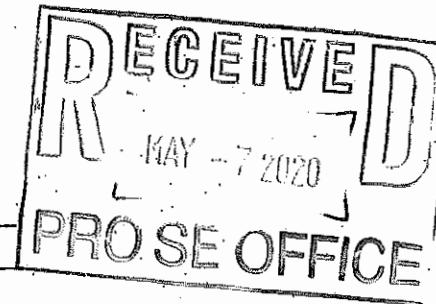


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Leonis Bellinger II

(In the space above enter the full name(s) of the plaintiff(s).)



Defendant No. 1

"See Attached"

Defendant No. 2

II

Defendant No. 3

II

Defendant No. 4

II

Defendant No. 5

II

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Leonis Bellinger II
ID # 19A4424

Current Institution Moriah Shock Incarceration Correctional
Address P.O. Box 901 Mineville, N.Y. 12956

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name "See Attached" Shield # _____

Where Currently Employed 11 11 _____

Address 11 11 _____

Defendant No. 2

Name 11 11 Shield # _____

Where Currently Employed 11 11 _____

Address 11 11 _____

Defendant No. 3

Name 11 11 Shield # _____

Where Currently Employed 11 11 _____

Address 11 11 _____

Defendant No. 4

Name 11 11 Shield # _____

Where Currently Employed 11 11 _____

Address 11 11 _____

Defendant No. 5

Name 11 11 Shield # _____

Where Currently Employed 11 11 _____

Address 11 11 _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Nassau
County Correctional Facility

B. Where in the institution did the events giving rise to your claim(s) occur? (B) Main
building & (A) satellite E2E

C. What date and approximate time did the events giving rise to your claim(s) occur? Nov.
14 - Dec. 12

D. Facts: "See Attached"

What
happened
to
you?

Who
did
what?

Was
anyone
else
involved?

Who
else
saw
what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. ~~I received a gum infection,~~

I sustained a gum infection, mental distress, & anguish.
I was put on amoxicillin & Ibuprofen for 14 days.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No _____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). Nassau County Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know

If YES, which claim(s)? _____

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes _____ No _____ Do Not Know

If YES, which claim(s)? _____

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? Nassau County Correctional Facility

1. Which claim(s) in this complaint did you grieve? All

2. What was the result, if any? No response was received

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I spoke to officers on duty and also asked for more another grievance

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes No

1. If YES, whom did you inform and when did you inform them? _____

2. If NO, why not? _____

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the court to do for you.

I would like the court to award me \$15,000 for the violation of my 8th amendment "cruel and unusual punishment" and for the mental distress and anguish. Also wish to be reimbursed for any fees incurred during this process (mailing, filing fees, copies, etc.)

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

On
these
claims

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff Leomis Bellinger Jr

Defendants Nassau County

2. Court (if federal court, name the district; if state court, name the county)

State of New York: Court of Claims, Albany

3. Docket or Index number 20-005371-L1

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit 2/6/20

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Case was dismissed

dismissed

On
other
claims

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes No ✓

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit:

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

Signed this 24 day of April, 2020 I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

Inmate Number

Mailing address

Leomin Bellingcott
19A4424
Monica Shock
75 Burhant Lane
P.O. Box 999
Mineville, NY 12856

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 24 day of April, 2020 I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Leomin Bellingcott

Taylor Perry
Taylor Perry
Notary Public, State of New York
Reg. No. 01PE6393362
Qualified in Essex County
My Commission Expires June 17, 2023

Defendant No.1 Vera Fludd Sheriff ET. AL.

Defendant No.2 Nu Health Department ET. AL.

Defendant No.3 Nassau County Correctional Facility ET. AL.

Defendant No.4 Inmate Grievance Dept. ET. AL.

Defendant No.5 "Jane Doe" or "John Doe" correctional officer (B) building (Main) Morning shift ET. AL.

Defendant No.6 "Jane Doe" or "John Doe" correctional officer (B) building (Main) Afternoon shift ET. AL.

Defendant No.7 "Jane Doe" or "John Doe" correctional officer (B) building (Main) Evening shift ET. AL.

Defendant No.8 "Jane Doe" or "John Doe" correctional officer (B) building (Main) Night shift ET. AL.

Defendant No.9 "Jane Doe" or "John Doe" correctional officer (A) building (satellite) Morning shift E2E ET. AL.

Defendant No.10 "Jane Doe" or "John Doe" Correctional officer (A) building (satellite) Afternoon shift E2E ET. AL.

Defendant No.11 "Jane Doe" or "John Doe" Correctional officer (A) building (satellite) Evening shift E2E ET. AL.

Defendant No.12 "Jane Doe" or "John Doe" Correctional officer (A) building (satellite) Night shift E2E ET. AL.

I. Parties in the Complaint (1 of 2 pgs.)

B.

Defendant No. 1 Vera Fludd sheriff ET. AL.
Nassau County Correctional Facility
100 Carmen Ave
East Meadow, NY 11554

Defendant No. 2 NU Health Department ET. AL.
Nassau County Correctional Facility
100 Carmen Ave
East Meadow, NY 11554

Defendant No. 3 Nassau County Correctional Facility ET. AL.
Nassau County Correctional Facility
100 Carmen Ave
East Meadow, NY 11554

Defendant No. 4 Inmate Grievance Dept. ET. AL.
Nassau County Correctional Facility
100 Carmen Ave
East Meadow, NY 11554

Defendant No. 5 "Jane Doe" or "John Doe" correctional officer (B)
building (Main) Morning shift ET. AL.
Nassau County Correctional Facility
100 Carmen Ave
East Meadow, NY 11554

Defendant No. 6 "Jane Doe" or "John Doe" correctional officer (B)
building (Main) Afternoon shift ET. AL.
Nassau County Correctional Facility
100 Carmen Ave
East Meadow, NY 11554

Defendant No. 7 "Jane Doe" or "John Doe" correctional officer (B)
building (Main) Evening shift ET. AL.
Nassau County Correctional Facility
100 Carmen Ave
East Meadow, NY 11554

Defendant No.8 "Jane Doe" or "John Doe" Correctional officer (B) building (Main) Night shift ET. AL.
Nassau County Correctional Facility
100 Carmen Ave
East Meadow, NY 11554

Defendant No.9 "Jane Doe" or "John Doe" Correctional officer (A) building (Satellite) Morning shift E2E ET. AL.
Nassau County Correctional Facility
100 Carmen Ave
East Meadow, NY 11554

Defendant No.10 "Jane Doe" or "John Doe" Correctional officer (A) building (Satellite) Afternoon shift E2E ET. AL.
Nassau County Correctional Facility
100 Carmen Ave
East Meadow, NY 11554

Defendant No.11 "Jane Doe" or "John Doe" Correctional officer (A) building (Satellite) Evening shift E2E ET. AL.
Nassau County Correctional Facility
100 Carmen Ave
East Meadow, NY 11554

Defendant No.12 "Jane Doe" or "John Doe" Correctional officer (A) building (Satellite) Night shift E2E ET. AL.
Nassau County Correctional Facility
100 Carmen Ave
East Meadow, NY 11554

0. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific): On 11/14/19, I began my intake process in Nassau County Correctional facility. As stated in their rule book I was supposed to receive (2) pairs of socks, boxers, T-shirts, & a pair of shower slippers. I never received any of those items while at Nassau County Correctional. After I moved from the intake pens to (72) housing, I was housed in (B) building referred to as "main" on the 2nd floor "B2". Which was filthy there was dirt & mold caked in corners, underbed, & on some parts of the wall by the sink. The toilet was horrendous. It was black & grimey inside. The sink also wasn't functional & was also black & grimey. The shower and the slop sink were full of muck, grime, & mold. I asked for cleaning supplies and never received any, I asked for a grievance the next day. I was told that they don't have any, and even if they did I wouldn't be given a pen to fill it out. After (72) housing I was moved to (E) building referred to as "satellite". I was housed in (E) building, 2nd floor, (E) block & cell(25). There I was able to wash my underwear & socks. I had to go commando every other day until I received a pair of underwear in the mail. When I was there I filled out a sick call because of a toothache, which I thought. I came to find out that it was a gum infection because of me not being able to brush my teeth. I was told the proper name was cross-epititosis (infection of the gum above the wisdom tooth). I was put on amoxicillin & ibuprofen for (14) days. While housed in "E2E(25)". I noticed that there was similar living conditions as (72) housing. There was mold growing in the corners of the showers, on the wood in the cells, various spots of the ceilings, & signs of electrical burns on outlet behind TV. The TV itself had water damage because there was also water leaking from ceiling when it rained. There was also water leaking from the windows in the cell through the (L) moldings & the sill of the window. Also the windows weren't caulked properly, so there was a constant draft in the cell. The toilet button when pushed squirted a considerable amount of water out as well. The air would be on in the dorm while it was 32 degrees and even when it was snowing outside. While in Nassau County, I was never allowed a change of linen nor was I given more than one roll of tissue per week when it was needed. I asked for grievance on a couple occasions and was brushed off after I was asked why I needed one. I continued to ask and finally received one wrote the issues down and dropped it in the grievance box. I never received a response back.

MORIAH S.
CORRE
PO BOX 955, 75 BOWERY
MINEVILLE, NY 12956-09
eomis Bellinger II 191



CERTIFIED MAIL®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

MORIAH SHOCK


United States District Court
Southern District of New York
Daniel Patrick Moynihan United
States Courthouse
500 Pearl Street, RM 230
New York, New York 10007

DECEMBER 7 2020
PROSE OFFICE